

STATEMENT OF ECONOMIC INTERESTS

Date Received  
Official Use Only

FAIR POLITICAL  
COVER PAGE COMMISSION TN

13 MAR 14 PM 12:55

Please type or print in ink.

2013 APR -2 AM 11:08

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Silva Joseph Anthony

1. Office, Agency, or Court

Agency Name

Town of Colma

Division, Board, Department, District, if applicable

Your Position

City Council

► If filing for multiple positions, list below or on an attachment.

Agency: C/CAG

Position: C/CAG Board Member

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of Colma

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2012, through December 31, 2012.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2012.

☐ The period covered is January 1, 2012, through the date of leaving office.

☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate: Election year \_\_\_\_ and office sought, if different than Part 1: \_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 1

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I have used all reasonable diligence in preparing this statement. I certify that the information herein and in any attached schedules is true and complete. I acknowledge the penalties for false or misleading information.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/14/2013

(month, day, year)

# SCHEDULE D Income - Gifts

|  |
|--|
| <b>CALIFORNIA FORM 700</b><br>FAIR POLITICAL PRACTICES COMMISSION<br>Name<br><b>Joseph A Silva</b> |
|--|

► NAME OF SOURCE (Not an Acronym)  
**Allied Waste Services**

ADDRESS (Business Address Acceptable)  
**1680 Edgeworth Avenue Daly City, CA 94015**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Waste Services for the Town**

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 11 / 15 / 12    | \$ 60    | Services tour of Ox    |
| ___ / ___ / ___ | \$ _____ | Mountain and Newby     |
| ___ / ___ / ___ | \$ _____ | Island and Lunch       |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ |                        |
| ___ / ___ / ___ | \$ _____ |                        |
| ___ / ___ / ___ | \$ _____ |                        |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ |                        |
| ___ / ___ / ___ | \$ _____ |                        |
| ___ / ___ / ___ | \$ _____ |                        |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ |                        |
| ___ / ___ / ___ | \$ _____ |                        |
| ___ / ___ / ___ | \$ _____ |                        |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ |                        |
| ___ / ___ / ___ | \$ _____ |                        |
| ___ / ___ / ___ | \$ _____ |                        |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ |                        |
| ___ / ___ / ___ | \$ _____ |                        |
| ___ / ___ / ___ | \$ _____ |                        |

Comments: \_\_\_\_\_